

declared that we must return to neuro-humoral views like those of Sydenham, which are more in consonance with the clinical phenomena than any of those recently proposed. The suggestion of Roberts, that a less soluble form of uric acid salts is formed in gouty states (that is, bi-urates instead of normal quadrurates), is highly plausible, and may well account for the tendency to uric acid deposits, which, however, are very much less liable to be encountered in lithæmia than in typical gout. The urine of lithæmic patients, moreover, does not present exactly the same characters which it does in typical gout. It is, as a rule, dense, high-coloured, and of higher specific gravity than normal urine. After over-indulgence at the table, the urine may deposit lithates and oxalates, and become darker in color and of higher specific gravity. It may become less abundant than normal, and, by concentration, cause albumen and even casts to appear for a time. This does not, however, indicate the presence of the well-known form of gouty, or contracted, kidney; on the contrary, the kidney is remarkably free from inflammation in lithæmia, and both albumen and casts rapidly disappear under appropriate treatment. The heart may be irregular and palpitation be complained of. It is apt to have a weak or muffled first sound; and this is followed by an accentuated, valvular second sound, due to increased arterial tension, which is also indicated by the sphygmograph. In lithæmia, however, cardiac degeneration and valvular disease, such as is common in gout, are remarkably rare, and cannot be said to belong to the clinical history.

The nervous and cerebral symptoms of lithæmia commonly found, are gloom, depression of spirits, irritability of temper, restlessness at night, drowsiness during the day, with disinclination to intellectual effort, jerking of muscles, myalgia, pains in tendons and neuralgia. There is also

indisposition to muscular exercise, and the patient is quickly tired; flying pains may appear in various portions of the body, or actual cramps occur. Dyspeptic symptoms are common, though not constant, and there is a tendency to excess of acid in the stomach. Functional derangements of the liver are of frequent occurrence. Vertigo and migraine are prominent symptoms; and the vertigo, like that of stomach disorder, usually appears early in the day; while to increase of acid in the system the attacks of migraine may be ascribed; and the lecturer stated that, for prompt relief of the latter symptom, nothing could excel the effects of administration of hydro-chloric acid. This, however, might be like applying ice-water to a gouty inflamed joint, which would promptly relieve the pain, but was attended by some risk of further injury to the patient.

The most prominent causes of lithæmia and gout are excessive eating and drinking, the body is burdened by an undue amount of nitrogen and carbo-hydrates, which the excretory organs cannot remove as fast as supplied, and waste material accumulates in the blood. This is less apt to occur when active open-air exercise is kept up than when the life is sedentary or inactive and oxidation is imperfect. The gastronomic achievements of the Emperor Charles V., as detailed by Roger Ascham, were quoted; and the gloom, depression of spirits and increasing melancholy, which finally led to his abdication and retirement to a monastery, were shown to be directly due to lithæmia and gout from excessive eating. Here, gluttony and consequent disease had an important influence upon history. If the emperor had not been lithæmic and gouty, he would not have been so gloomy and melancholic, and he would not have retired to a monastery; if he had not thus retired, the Netherlands would not have been given up, and there would have been